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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). I hereby appoint: Practitioners associated with the Customer Number: 22208 Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Registration Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned gmb to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 37(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 1 22208 The address associated with Customer Number: OR Firm or individual Name Address Cltv Country Telephone Assignee Name and Address: MR3 Medical LLC 855 Village Center Drive, #362 North Oaks, MN 55127

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 6 Name Ralph F. Hall Telephonè Title Chief Executive Officer

The collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file faint by the USP 10 process) an application. Confidentially is governed by \$0.13.G. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to bake 3 minutes to example the complete graduation from the Insuffer. The wall way depending upon the individual case of the complete graduation from the Insuffer. The wall way depending upon the individual case of the complete graduation from the Insuffer. The wall way depending upon the individual case of the complete graduation from the Insuffer. The wall way depending upon the individual case of the complete graduation from the Insuffer. The Insuffer graduation is the second of the Insuffer graduation of the Insuff FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.